

## SASC Outreach Request Form

Your full name:

Your e-mail address:

Telephone #:

Your organization and address:

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Number of participants:

Participant age range:

Today's full date:

Full date(s) & time(s) you require outreach: \_\_\_\_\_

Length of time you require outreach for: \_\_\_\_\_

Address and full location of outreach: \_\_\_\_\_

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**1. What type of outreach service would you like? Please check as many that apply.**

Workshop or Training       Tabling Panel participation       Support worker at event

Booth at an event       Other (specify)

**2. What is the specific information you would like addressed, discussed, or highlighted?**

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Thank you! We will be in touch with you upon receipt of this form.